

19



CH's Service Providers  
Corey Harris  
304 East 22<sup>nd</sup> Street  
Erie, Pa 16503

Dear Corey,

We are looking forward to having you as a member of the Erie Regional Chamber and Growth Partnership. I have enclosed a copy of our magazine and our current membership structure. Let me know if you have any questions or comments.

**Trustee Membership is \$200 for up to 5 full-time employees (\$2 per employee over 5; \$1 per part-time employee).**

We also have Silver, Gold, and Platinum membership levels available. Please refer to the membership information brochure or call me and I can provide an overview.

Sincerely,

A handwritten signature in dark ink, appearing to read "John Karnes".

John Karnes  
Director of Sales  
Erie Regional Chamber & Growth Partnership  
454-7191 x 138  
459-7191 - fax  
jkarnes@eriepa.com

Exhibit # E - 2006

► 208 East Bayfront Parkway  
Suite 100  
Erie, Pennsylvania 16507  
► 814-454-7191  
814-459-0241 (fax)  
► [www.ErieChamber.com](http://www.ErieChamber.com)  
[www.InvestErie.com](http://www.InvestErie.com)

PHIL ENGLISH  
3RD DISTRICT, PENNSYLVANIA

WAYS AND MEANS COMMITTEE

SUBCOMMITTEES:  
HUMAN RESOURCES  
HEALTH  
TRADE

JOINT ECONOMIC COMMITTEE

CHAIRMAN:  
CONGRESSIONAL STEEL CAUCUS  
CONGRESSIONAL REAL ESTATE CAUCUS



**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-3803**

PLEASE REPLY TO:

- ☐ 1410 LONGWORTH HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-3803  
(202) 225-5406
- ☐ 208 EAST BAYFRONT PARKWAY, SUITE 102  
ERIE, PA 16507-2405  
(814) 456-2038
- ☐ 900 NORTH HERMITAGE ROAD, SUITE 6  
HERMITAGE, PA 16148-3243  
(724) 342-6132
- ☐ 312 CHESTNUT STREET, SUITE 114  
MEADVILLE, PA 16335-3208  
(814) 724-8414
- ☐ 101 EAST DIAMOND STREET, SUITE 213  
BUTLER, PA 16001-5944  
(724) 285-7005
- ☐ 325 PENNSYLVANIA AVENUE WEST  
WARREN, PA 16365-2414  
(814) 723-7282

June 16, 2004

CHS Transportation Service

304 East 22nd Street  
Erie, PA 16503

Dear Friend:

Thank you for contacting me to inquire about federal grant funding. I appreciate your interest.

In order to expedite your request due to new mail procedures in the House of Representatives, I encourage you to correspond with my office via email at [grantspa03@mail.house.gov](mailto:grantspa03@mail.house.gov). To facilitate your request, please provide the following information:

**Seeking Grant Support Letter:**

- Name, address and phone number of the contact person AT THE AGENCY that administers the grant program for which you are applying;
- An executive summary of the program/project for which you seek funding, including who, what, where, who will be served, cost, cost-sharing ratio, history of funding attempts for this specific project, and a general summary of the purpose of the program/project,
- Name, address, and phone number of the contact person whom the support letter request originated ( you and/or the organization's name);
- An electronic draft of the support letter to be submitted by our office.

**Seeking Federal Grant Programs:**

- Specific information describing the applying organization/individual/government entity/company/or school district who will be applying for the grant;
- A brief description of the project for which the applicant is seeking funding;
- Whom the program would benefit and/or serve, if applicable;
- Description of any other funding sources solicited by application for this project.

Again, thank you for your interest in federal grants. If the above-mentioned criteria has been satisfied, you will receive a response from our office within two weeks.

Exhibit #  
N-2004  
122

(21)

June 16, 2004

Best wishes,

A handwritten signature in cursive script, appearing to read "Phil", written in black ink.

Phil English  
Member of Congress

PSE/jw

**EVANS STRICKLAND BEST**

Architecture • Construction • Design/Build

June 14, 2004

Mr. Corey Harris, President  
 CH's Service Provider Corporation  
 304 East 22<sup>nd</sup> Street  
 Erie, PA 16503

RE: New Office and Garage  
 CH's Service Provider Corporation  
 Erie, PA

Dear Mr. Harris:

I was pleased to meet with you this afternoon regarding your new business venture. It would be an exciting addition to the Erie Community and a great opportunity for you. We look forward to working on this project.

As I understand, you will be constructing a new office building for approximately 35 people, a storage garage for approximately 30 vehicles and a maintenance garage for 4 vehicles and related storage space. Site development would involve a parking lot for approximately 50 vehicles, an entrance road and related driveways, and water/sewer infrastructure to serve the new buildings.

Based on the above, an estimate of the building/site requirements and related costs are as follows:

Office Building:	7,500 sf @ \$100.00/sf =	\$750,000.00
Storage Garage:	12,000 sf @ \$50.00/sf =	\$600,000.00
Maintenance Garage:	2,000 sf @ \$70.00/sf =	\$140,000.00
Entrance & Driveways:		\$ 25,000.00
Parking:		\$200,000.00
Water/Sewer:		<u>\$ 25,000.00</u>

Subtotal: \$1,740,000.00

Architectural and Engineering Fees \$174,000.00

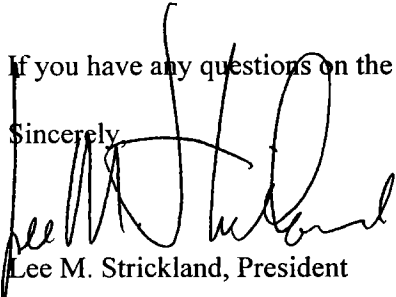
Subtotal: \$1,914,000.00

10% Contingency: \$191,400.00

Total: \$2,105,400.00

If you have any questions on the above, please contact me at the address or phone number below

Sincerely,

  
 Lee M. Strickland, President

LMS:jao

1000 Renaissance Centre, 1001 State Street, Erie, PA 16501-1830  
 • Architecture 814/454-6379 • Construction 814/459-1376 • Fax 814/453-5189

Email Erie esb@evansstricklandbest.net

Exhibit  
 D-2006

23



October 18, 2004

To Whom It May Concern:

Corey Harris, Owner, CH's Service Provider, has employed Palace Business Centres as his office support staff to provide all business support for CH's Service Provider during the transitional period necessary for the establishment and development of his business.

The Staff includes:

Catherine Leone: Marketing/Human Resources/Client Services  
Perri Mizanin: Client Services/Administrative  
Kelly Reams: Administrative/Paralegal  
Donna Schack: Administrative/Paralegal  
Linda Stallbaum: Bookkeeping  
Marjorie Carey: Receptionist/Phone Answering/Client Services

Sincerely,

A handwritten signature in black ink that reads 'Catherine L. Leone'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Catherine L Leone  
Marketing/Client Services

Exhibit # H-2006

**MEDICAL SOURCE STATEMENT OF CLAIMANT'S ABILITY  
TO PERFORM WORK-RELATED PHYSICAL ACTIVITIES**

NAME: COREY HARRIS

S.S.NO.: 183-56-0615

Doctor: Please assess the claimant's ability to engage in full-time employment in a regular work setting. You should consider the combined effects of all impairments, the side effects of any medication, and the effects of symptoms (e.g., pain, fatigue, etc.) The ASSESSMENT SHOULD REFLECT MAXIMUM SUSTAINABLE PHYSICAL CAPACITY, not a median or minimum. Your opinion should be based on clinical signs and laboratory findings, NOT ON THE INDIVIDUAL'S STATEMENTS.

DEFINITIONS: Occasional - from very little up to 1/3 of an 8 hour day. Frequent - from 1/3 to 2/3 of an 8 hour day.  
Capacity - Maximum Sustainable Capacity

**LIFTING**

No Limitation ☐

Capacity:	Frequent	Occasional
2-3 pounds	<input type="checkbox"/>	<input type="checkbox"/>
10 pounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25 pounds	<input type="checkbox"/>	<input type="checkbox"/>
50 pounds	<input type="checkbox"/>	<input type="checkbox"/>
100 pounds	<input type="checkbox"/>	<input type="checkbox"/>

**CARRYING**

No Limitation ☐

Capacity:	Frequent	Occasional
2-3 pounds	<input type="checkbox"/>	<input type="checkbox"/>
10 pounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25 pounds	<input type="checkbox"/>	<input type="checkbox"/>
50 pounds	<input type="checkbox"/>	<input type="checkbox"/>
100 pounds	<input type="checkbox"/>	<input type="checkbox"/>

Supportive medical findings, if not otherwise included in report:

*Left Thumb - base - Pain*

**STANDING AND WALKING**

No Limitation ☐

Capacity (cumulative in 8-hour day):

- ☒ 1 Hour or less
- ☐ 1 to 2 Hours
- ☐ More than 2 Hours but less than 6 Hours; How many? \_\_\_\_\_
- ☐ 6 Hours or more
- ☐ Hand-held assistive device required for: ☐ balance; ☐ ambulation; ☐ other \_\_\_\_\_

Supportive medical findings, if not otherwise included in report:

*Painful Left Foot*  
*Swollen Foot*

**SITTING**

No Limitation ☒

Capacity:

- ☐ Sit less than 6 Hours. How many? \_\_\_\_\_
- ☐ Sit 6 Hours
- ☐ 8 Hours with alternating sit/stand at his/her option.

Supportive medical findings, if not otherwise included in report:

**PUSHING AND PULLING**

No Limitation ☐

Consider operation of hand and/or foot controls.

- ☐ Unlimited, other than shown under lifting and carrying
- ☒ Limited in upper extremity (describe nature and degree)
- ☒ Limited in lower extremity (describe nature and degree)

*Painful Left Thumb*  
*Painful Left Foot*

Supportive medical findings, if not otherwise included in report:

*Exhibit #1*

JOHN C KALATA DO  
D. Kocher/PZBCOREY HARRIS  
183-56-0615**POSTURAL ACTIVITIES**No Limitation ☐

How frequently can the individual perform the following activities? Please specify the nature and degree of any limitation.

	Frequent	Occasional	Never	Comments
Bending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Left Foot Impaired</i>
Kneeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stooping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crouching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Supportive medical findings, if not otherwise included in report:

**OTHER PHYSICAL FUNCTIONS**No Limitation ☐

Are the following affected by the impairment(s)? Please specify the nature and degree of any limitation.

	No	Yes	Comments
Reaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Left Thumb Painful glasses needed</i>
Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fingering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Feeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Seeing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tasting/Smelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Supportive medical findings, if not otherwise included in report:

**ENVIRONMENTAL RESTRICTIONS**No Limitation ☐

Are the following affected by the impairment(s)? Please specify the nature and degree of any limitation.

Comments	Comments
<input type="checkbox"/> Poor Ventilation	<input type="checkbox"/> Wetness
<input type="checkbox"/> Heights	<input type="checkbox"/> Dust
<input checked="" type="checkbox"/> Moving Machinery	<input type="checkbox"/> Noise
<input type="checkbox"/> Vibration	<input type="checkbox"/> Fumes, Odors, Gases
<input type="checkbox"/> Temperature Extremes	<input type="checkbox"/> Humidity
<input type="checkbox"/> Chemical (Please Specify)	<input type="checkbox"/> Other (Please Specify)

*Painful feet*

Supportive medical findings, if not otherwise included in report:

*Dr John C Kalata*  
 Physician's Name (PLEASE PRINT)

*Dr John C Kalata*  
 Physician's Signature

Date Last Seen *11-13-03*

*11-13-03*  
 Date

TDN: 0082464834



DEPARTMENT OF  
**LABOR & INDUSTRY**  
COMMONWEALTH OF PENNSYLVANIA

OFFICE OF VOCATIONAL REHABILITATION

3200 LOVELL PLACE - ERIE, PA 16503

WARREN FIELD OFFICE - 2 MARKET ST. - WARREN, PA 16365 - 814/723-2790

SHARON FIELD OFFICE - 217 W. STATE ST. - 2ND FLOOR - SHARON, PA 16146 - 724/347-9257



(814) 871-4551 • (814) 871-4535 TTY • (814) 871-4631 FAX • 800-541-0721

December 14, 2004

Mr. Corey Harris  
P.O. Box 3618  
Erie PA 16508

Dear Mr. Harris:

Your name was referred to our office as someone who may be interested in Office of Vocational Rehabilitation services. It is important that I meet with you to complete an initial interview. Please meet me at:

<b>PLACE</b>	<b>Office of Vocational Rehabilitation</b>
<b>ADDRESS</b>	<b>3200 Lovell Place, East 13th Street between French and Holland Streets, Erie, PA</b> <b>(use the 13th Street Entrance at east end of building, close to Holland Street, near the Matthew's Trattoria sign- take elevator to the 3rd Floor)</b>
<b>DATE</b>	<b>Wednesday, January 5, 2005</b>
<b>TIME</b>	<b>8:00 a.m.</b>

To facilitate your rehabilitation process, please bring the following items with you, if available:

1. All medical records currently in your possession.
2. Names of current prescriptions and dosages.
3. Resume and/or listing of all previous employers and job tasks required of the position.
4. A copy of your 1040 or last pay stub.
5. Names and addresses of medical providers from whom you have received treatment

If you do not appear for this appointment and have not called to reschedule prior to your appointment date your case will be closed with the Office of Vocational Rehabilitation.

Sincerely,

Teri Rexford

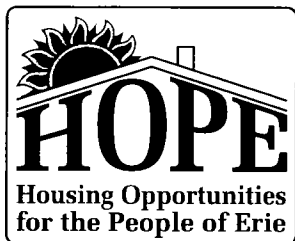
Rehabilitation Counselor

TR/rdh

Exhibit #  
J-2006

**P.S.: PLEASE COMPLETE THE ENCLOSED APPLICATION AND BRING IT WITH YOU FOR YOUR APPOINTMENT. IF YOU HAVE DIFFICULTY WITH ANY OF THE INFORMATION INSIDE OR CANNOT FILL OUT PARTS OF THE APPLICATION PLEASE LEAVE THEM BLANK AND WE WILL COMPLETE THEM LATER.**





## HOUSING AUTHORITY OF THE CITY OF ERIE

606 Holland Street • Erie, PA 16501-1285  
Phone: 814-452-2425  
Fax: 814-452-2429

AGNES R. PRISCARO  
*Chair*

C. TED DOMBROWSKI  
*Vice Chair*

BISHOP DWANE BROCK  
*Treasurer*

TRELANE C. BATTLES  
*Commissioner*

DONALD C. MEYERS  
*Commissioner*

JOHN E. HORAN  
*Executive Director and Secretary*

DONALD E. WRIGHT, JR., ESQ.  
*Legal Counsel*

December 15, 2004

Corey Harris  
P.O. Box 3618  
Erie, PA 16508

Dear Mr. Harris:

You have applied for public housing with our office. As part of our selection process, we have reviewed and investigated your past performance in meeting financial obligations, your record of living and housekeeping at prior residences, and we have conducted a search concerning prior criminal activity of record. This investigation has resulted in a determination that you are ineligible for public housing because of the following:

1. You have an unfavorable credit report. You may receive a copy of your credit report by calling 1-800-888-4213.
2. You have a criminal record. I have enclosed a copy.

You are entitled to an informal hearing to review, explain or reply to the above finding(s) and decision, and to offer evidence of rehabilitation. If you desire an informal hearing, you must **SEND OUR OFFICE WRITTEN DOCUMENTATION** WITHIN TEN (10) DAYS OF THIS LETTER TO SET UP AN APPOINTMENT FOR AN INFORMAL HEARING. You may be represented by counsel at the informal hearing, but it is not a requirement. If you do not request a hearing, you will remain ineligible in accordance with this letter.

Sincerely,

*Jan Vommaro*  
Jan Vommaro  
Tenant Selection Office

*Exhibit K-2006*



(27)

October 19, 2004

Corey Harris  
P.O. Box 3618  
Erie, PA 16508

Dear Mr. Harris,

Thank you for your interest in the position of Director of Business Administrator Services at Kent State University.

We received many applications from a field of highly qualified candidates, making the selection process challenging. While your qualifications for this position are impressive, after carefully considering the letters and resumes submitted we have determined that another candidate possesses the combination of experience and education that best match our requirements.

We appreciate your interest in employment at Kent State University, and hope that you will consider other positions that may become available and be of interest to you.

Sincerely,

Matthew Fajack  
Executive Director of Financial Affairs

MF:cg

Exhibit # L-2006

**Financial Affairs**

226 Michael Schwartz Center • P.O. Box 5190 • Kent, Ohio 44242-0001  
Office (330) 672-2422 • Fax (330) 672-5434 • <http://www.kent.edu/finaffair/>

(31)

20510Revised.qxd 11/22/2004 10:42 AM Page 1

# Coming Soon

## Erie

and Surrounding Areas

### CH's Service Provider

A Professional Transportation Service

Providing Your Total Transportation Needs  
24 Hours/7 Days A Week Including Holidays

Non-Stop Service To and From  
Work, School, Day Care, Recreation

Senior Citizen Rate Daily

Provided by a Professional Uniformed Driver

Everyday Low Rates

Our Motto is Quality and Safety

[www.chsserviceprovider.com](http://www.chsserviceprovider.com) • [lowrates@velocity.net](mailto:lowrates@velocity.net)

**877-416-7032 • 814-882-1674**

CONCILLISON Exhibit

Page 15, AND

ATTACHMENT 4-A

Page 12

Exhib. 1A

G-1006



(32)

Court of Common Pleas  
Domestic Relations Section  
509 Sassafras Street  
Erie, Pa 16507

Dear Sir or Madam:

Corey Harris has been employed with the Medical Staffing Network from 5/30/03 to 9/2/03 and 6/4/04 to the present. We are a staffing agency and employees are scheduled on an as needed basis. All employees are hired as per diem.

If I may be of further assistance feel free to contact me at 814-866-3458

Sincerely,

A handwritten signature in cursive script that reads 'Karen Wheeler'.

Karen Wheeler  
Human Resources

Exhibit #  
CA 2006

where  
experience  
works

(33)

2

**CH's SERVICE PROVIDER**  
**"Erie's Full Service Transportation Provider"**  
**Business Plan – 2004**

**Corey L. Harris, President/CEO**  
P.O. Box 3618  
Erie, PA 16508  
814-504-2098

Exhibit #  
C-1 2006

(34)

**Income Statement**

CH's Service Provider

	Internal 12/31/2004	Planned 12/31/2005	Planned 12/31/2006	Planned 12/31/2007
Sales - Service	0	1,725,000	2,799,996	5,000,004
Sales - Start-Up	0	12,000	12,000	12,000
Revenue	0	1,737,000	2,811,996	5,012,004
Total Gross Profit	0	1,737,000	2,811,996	5,012,004
Accounting- Bookkeeping	0	15,000	15,000	15,000
Accounting- Tax Preparation	0	0	3,500	3,500
Accounting- Final Statement	0	0	7,500	7,500
Auto- Gas	0	132,881	215,118	383,418
Auto- Maintenance	0	80,944	131,039	233,559
Auto- License & Registration	0	2,953	4,780	8,520
Advertising	0	50,000	30,000	30,000
Bank Charges	0	3,600	3,600	3,600
Contract Labor	0	327,537	0	0
Depreciation	0	36,143	36,143	44,714
Director- Taxes	0	1,754	2,628	2,628
Director- Benefits	0	780	780	780
Director- Salaries	0	18,500	30,000	30,000
Director- Workers Comp	0	900	900	900
Employee Benefits	0	12,870	25,740	35,100
Employee Salaries	0	343,134	686,268	936,000
Employee Payroll Taxes	0	28,098	56,196	76,644
Employee Workers Comp	0	18,702	37,404	51,000
Insurance - Auto	0	112,500	112,500	142,500
Insurance - Liability	0	25,000	40,464	72,120
Legal	0	10,000	0	0
Marketing- Design	0	1,000	0	0
Marketing- Printing	0	24,000	24,000	24,000
Miscellaneous Expense	0	3,000	4,200	5,400
Office Supplies	0	6,000	4,800	4,800
Postage	0	2,400	2,400	2,400
Rent	0	7,200	7,200	7,200
Software	0	1,500	0	0
Storage Lot- Rent	0	18,000	18,000	18,000
Storage Lot- Occupancy	0	10,500	10,500	10,500
Supplies- Uniforms	0	19,440	19,440	21,840
Telephone & Fax	0	12,000	12,000	12,000
Meals & Entertainment	0	9,000	9,000	9,000
Training- Cust Service	0	5,000	0	1,000
Training- Sales	0	28,000	0	1,000
Training- Safety	0	10,000	0	2,000
Website- Development	0	45,000	0	0
Website- Hosting	0	1,000	1,200	1,200
Operating Expenses	0	1,424,335	1,552,300	2,197,824
Total Operating Income/(Loss)	0	312,665	1,259,696	2,814,180
Profit Before Tax	0	312,665	1,259,696	2,814,180
Net Income	0	312,665	1,259,696	2,814,180

Exhibit # 2.2006



12/25/2004

Exhibit # F-2004



RICK SCHENKER  
COUNTY EXECUTIVE

DEPARTMENT OF HUMAN SERVICES

Office of Children & Youth

154 West Ninth Street, Erie, Pennsylvania 16501-1303  
Telephone: 814-451-6600 TTY: 814-451-6556

DEBRA LIEBEL, MPA  
EXECUTIVE DIRECTOR

36

12-13-04

Corey Harris  
304 East 22nd St  
Erie, PA 16503

Dear Mr. Harris:

On 12-9-04 this agency received a referral regarding your child(ren) and I was assigned to evaluate the allegations. I have completed my evaluation and have determined that it is not necessary for your family to receive ongoing services from this agency at this time. This agency's involvement with your family will now cease.

In the event new allegations are received by the Agency, an intake specialist will be assigned to evaluate the allegations and make a determination about the need for further services. If, in the future, you believe that this agency can assist you in preventing your children from being abused or neglected, please do not hesitate to contact the agency.

I have enclosed a Family Survey that is sent to all families who have had involvement with the Intake program at this agency. Please take a moment to complete the survey and return it in the postage stamped envelope that is also provided. Your answers to this survey are confidential and does not require your signature or for you to identify yourself in any way. Thank you in advance for your participation.

Sincerely,

*Debra Liebel*  
*D. Liebel*  
Supervisor

Exhibit # A-2006



37

no other outstanding warrants against

Exhibit #  
B-2006 10-3

In the Court of Common Pleas of                      Erie                      County, Pennsylvania  
DOMESTIC RELATIONS SECTION

Malikah Y. Nixon  
Plaintiff  
Vs.  
Corey L. Harris  
Defendant

) Docket Number NS200200563  
)  
) PACSES Case Number 165104344  
)  
) Other State ID Number

SS# 183-56-0615

(38)

Order

AND NOW to wit, this 15<sup>th</sup> day of December, 2004, it is hereby Ordered that:  
after hearing, the defendant is found in contempt of court for willfully failing to:

<input checked="" type="checkbox"/> pay support as ordered	<input type="checkbox"/> honor agreement(s)
<input checked="" type="checkbox"/> appear as ordered/respond to notices	<input checked="" type="checkbox"/> report changes in employment/ address/income
<input type="checkbox"/> participate in TEP	<input type="checkbox"/> other _____

It is hereby ordered, adjudged and decreed that Corey L. Harris shall be incarcerated in the Erie County Prison for a period of 6 month(s)/days or a purge in the amount of \$4,000.00 total all cases

☒ Defendant shall be eligible for work release.

☐ Defendant shall be eligible for suspended sentence after 60 days providing (s)he has:

- ☐ Complied with the rules and regulations of the Work Release Program;
- ☐ Maintained regular support payments for 60 day;
- ☐ Participated in the Parent's Workshop while in Work Release and will continue to do so for a total of six (6) months.

Other conditions as follows:

Consecutive to NS902811 NO Furlough

It is further ordered, adjudged and decreed the defendant shall pay \$50.00 in contempt fees and all costs outstanding to the Erie County Domestic Relations, Support Finance Office.

By the court.

Stephanie Domitrovich  
STEPHANIE DOMITROVICH JUDGE

**RELEASE**

I, \_\_\_\_\_, an enforcement officer from the Domestic Relations Section verify the above named defendant satisfied the conditions set forth by paying the purge of \$ \_\_\_\_\_ or served \_\_\_\_\_ months, as sentenced. Inasmuch as he/she is to be automatically released from prison, if there are no other outstanding warrants against him/her.

Enforcement Officer

Date

*Exhibit #*  
*B-2006*  
*2013*

In the Court of Common Pleas of                      Erie                      County, Pennsylvania  
DOMESTIC RELATIONS SECTION

Knioka C. McLaurin  
Plaintiff  
Vs.  
Corey L. Harris  
Defendant

) Docket Number NS200202708  
)  
) PACSES Case Number 715105047  
)  
) Other State ID Number

SS# 183-56-0615

39

Order

AND NOW to wit, this 15<sup>th</sup> day of December, 2004, it is hereby Ordered that:  
after hearing, the defendant is found in contempt of court for willfully failing to:

<input checked="" type="checkbox"/> pay support as ordered <input checked="" type="checkbox"/> appear as ordered/respond to notices <input type="checkbox"/> participate in TEP	<input type="checkbox"/> honor agreement(s) <input checked="" type="checkbox"/> report changes in employment/ address/income <input type="checkbox"/> other _____
---	---

It is hereby ordered, adjudged and decreed that Corey L. Harris shall be incarcerated in the Erie County Prison for a period of 6 month(s)/days or a purge in the amount of \$4,000.00 total all cases

☒ Defendant shall be eligible for work release.

☐ Defendant shall be eligible for suspended sentence after 60 days providing (s)he has:

- ☐ Complied with the rules and regulations of the Work Release Program;
- ☐ Maintained regular support payments for 60 day;
- ☐ Participated in the Parent's Workshop while in Work Release and will continue to do so for a total of six (6) months.

Other conditions as follows:

Consecutive to NS200200563 NO Furlough

It is further ordered, adjudged and decreed the defendant shall pay \$50.00 in contempt fees and all costs outstanding to the Erie County Domestic Relations, Support Finance Office.

By the court,

  
STEPHANIE DOMITROVICH                      JUDGE

**RELEASE**

I, \_\_\_\_\_, an enforcement officer from the Domestic Relations Section verify the above named defendant satisfied the conditions set forth by paying the purge of \$ \_\_\_\_\_ or served \_\_\_\_\_ months, as sentenced. Inasmuch as he/she is to be automatically released from prison, if there are no other outstanding warrants against him/her.

Enforcement Officer \_\_\_\_\_

Date \_\_\_\_\_

Exhibit #  
B-2006  
3013

28

In the Court of Common Pleas of                      ERIE                      County, Pennsylvania  
DOMESTIC RELATIONS SECTION

MALIKAH Y. NIXON	) Docket Number	NS200200563
Plaintiff	)	
vs.	) PACSES Case Number	165104344
COREY L. HARRIS	)	
Defendant	) Other State ID Number	00864862

**ORDER**

AND NOW, to wit on this    31ST DAY OF JANUARY, 2005    IT IS HEREBY  
ORDERED that the    ☐ Complaint for Support or    ☒ Petition to Modify or    ☐ Other  
filed on                      11/24/04                      in the above captioned  
matter is dismissed without prejudice due to:

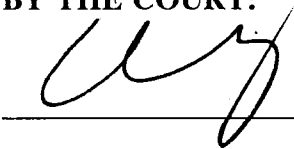
DEFENDANT, COREY L. HARRIS FAILED TO APPEAR/CONTACT THE DRS ON HIS PETITION TO MODIFY. FURTHER, MR. HARRIS FAILED TO PROVIDE MEDICAL DOCUMENTATION REGARDING HIS ILLNESS. THEREFORE, REGULAR SUPPORT PAYMENTS AND ANY OF THE TERMS AND OR CONDITIONS SHALL CONTINUE AS REQUIRED BY PRIOR ORDER OF COURT.

DEFENDANT OWES COURT COST IN THE AMOUNT OF \$40.00.

THIS TEMPORARY ORDER OF COURT SHALL BECOME FINAL IN 10 DAYS UNLESS A DEMAND FOR HEARING IS FILED WITHIN THE SAID 10 DAYS.

**CONFERENCE OFFICER  
MICHAEL R. MIGDAL**

☐ The Complaint or Petition may be reinstated upon written application of the plaintiff petitioner.

Defendant failed to Transfer Exhibit # D-2006  
from County Prison                      BY THE COURT:                      10 of 3  
was in Jail on                                            JUDGE  
11/31/05. DUE PROCESS                        
claim                        
10 of 3

(29)

In the Court of Common Pleas of                      ERIE                      County, Pennsylvania  
DOMESTIC RELATIONS SECTION

KNIOKA C. MCLAURIN	)	Docket Number	NS200202708
Plaintiff	)		
vs.	)	PACSES Case Number	715105047
COREY L. HARRIS	)		
Defendant	)	Other State ID Number	

**ORDER**

AND NOW, to wit on this    31ST DAY OF JANUARY, 2005    **IT IS HEREBY**  
**ORDERED** that the    ☐ Complaint for Support or    ☒ Petition to Modify or    ☐ Other  
filed on                      11/24/04                      in the above captioned  
matter is dismissed without prejudice due to:

DEFENDANT, COREY L. HARRIS FAILED TO APPEAR/CONTACT THE DRS ON HIS PETITION  
TO MODIFY. FURTHER, MR. HARRIS FAILED TO PROVIDE MEDICAL DOCUMENTATION  
REGARDING HIS ILLNESS. THEREFORE, REGULAR SUPPORT PAYMENTS AND ANY OF THE  
TERMS AND OR CONDITIONS SHALL CONTINUE AS REQUIRED BY PRIOR ORDER OF COURT.

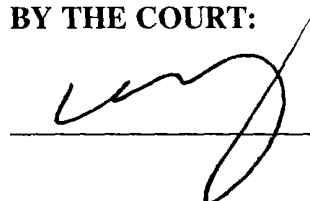
DEFENDANT OWES COURT COST IN THE AMOUNT OF \$40.00.

THIS TEMPORARY ORDER OF COURT SHALL BECOME FINAL IN 10 DAYS UNLESS A  
DEMAND FOR HEARING IS FILED WITHIN THE SAID 10 DAYS.

**CONFERENCE OFFICER**  
**MICHAEL R. MIGDAL**

☐ The Complaint or Petition may be reinstated upon written application of the plaintiff  
petitioner.

BY THE COURT:

  
\_\_\_\_\_  
JUDGE

Allegation 1-A

Exhibit #20  
Page 5

10/3

30

In the Court of Common Pleas of ERIE County, Pennsylvania  
DOMESTIC RELATIONS SECTION

ROBIN Q. TATE

Plaintiff

vs.

COREY L. HARRIS

Defendant

) Docket Number NS902811  
)  
) PACSES Case Number 144003882  
)  
) Other State ID Number

**ORDER**

AND NOW, to wit on this 28TH DAY OF JANUARY, 2005 IT IS HEREBY  
ORDERED that the ☐ Complaint for Support or ☒ Petition to Modify or ☐ Other  
filed on 11/24/04 in the above captioned  
matter is dismissed without prejudice due to:

DEFENDANT FAILED TO APPEAR/CONTACT THE DRS ON HIS PETITION TO MODIFY.  
FURTHER, MR. HARRIS FAILED TO PROVIDE MEDICAL DOCUMENTATION REGARDING HIS  
ILLNESS. THEREFORE, REGULAR SUPPORT PAYMENTS AND ANY OF THE TERMS AND OR  
CONDITIONS SHALL CONTINUE AS REQUIRED BY PRIOR ORDER OF COURT.

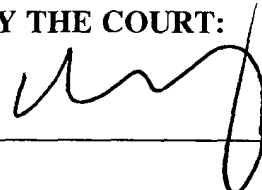
DEFENDANT OWES COURT COST IN THE AMOUNT OF \$40.00.

THIS TEMPORARY ORDER OF COURT SHALL BECOME FINAL IN 10 DAYS UNLESS A DEMAND  
FOR HEARING IS FILED WITHIN THE SAID 10 DAYS.

COMPLAINT OFFICER  
MICHAEL R. MIGDAL

☐ The Complaint or Petition may be reinstated upon written application of the plaintiff  
petitioner.

BY THE COURT:



JUDGE

Exhibit # A  
Medical  
Plaintiff  
C.H.  
CA04-3696

# Medical Staffing Network - #259

Report: Employee Payroll Summary

Format: N/A

View:

Sorted By: SSN

Notes:

User: KAREN

Date: 03/15/2006

Page: 1

Time: 10:27 AM

Employee	Earnings			Deductions			Taxes		
	Description	Amount	Description	Amount	Description	Amount			
NAME: HARRIS, COREY	Regular Hours Pay	\$10,632.08			Federal	\$50.09			
SSN: 183-56-0615	Bonus Other	\$248.00			FICA	\$712.03			
GROSS: \$11,491.68	Gross Pay Adjustment	-\$73.50			MEDICARE	\$166.24			
NET: \$10,078.33	Overtime Hours Pay	\$685.10			Erie, PA	\$132.05			
					PA	\$352.94			
Totals		\$11,491.68		\$0.00		\$1,413.35			
Report Totals	Regular Hours Pay	\$10,632.08			Federal	\$50.09			
GROSS: \$11,491.68	Bonus Other	\$248.00			FICA	\$712.03			
NET: \$10,078.33	Gross Pay Adjustment	-\$73.50			MEDICARE	\$166.24			
	Overtime Hours Pay	\$685.10			Erie, PA	\$132.05			
					PA	\$352.94			
Earnings Total		\$11,491.68	Deductions Total	\$0.00	Tax Total	\$1,413.35			
Female Employees On This Report:	0								
Male Employees On This Report:	1								
Total Employees:	1								

Female Employees On This Report:

Male Employees On This Report:

Total Employees:

0  
1  
1

Exhibit #  
G-2 doct

OH